

KADINLARIN BİRİNCİ BASAMAK SAĞLIK HİZMETLERİNDEN MEMNUNİYET DURUMLARININ DEĞERLENDİRİLMESİ

Evaluation of the Satisfaction of Primary Care Services For Women

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ÖZET

Amaç: Bu araştırma uzun yıllar alışık olduğumuz sağlık ocağı sisteminden aile hekimliği sistemine geçiş sonrası kadınların sisteme uyumunu ve memnuniyet durumunu karşılamak amacıyla yapılmıştır.

Gereç ve Yöntem: Tanımlayıcı türde olan bu araştırmanın örneklemini randomize örneklem yöntemi ile seçilen toplam 712 kadın (sağlık ocağı iken 381 kadın, aile sağlığı merkezi iken 331 kadın) oluşturmuştur. Veriler, bilgi formu ve Temel Sağlık Hizmetinden Memnuniyet Ölçeği kullanılarak toplanmıştır.

Bulgular: Araştırmada memnuniyet toplam puan değerlendirildiğinde her iki grupta da ölçek toplam puan ortalamaları birbirlerine yakın oranlarda bulunmuştur ve aralarında istatistiksel olarak önemli fark bulunmamıştır ($p>0.05$).

Sonuç: Araştırma sonucuna göre genel olarak kadınların birinci basamak sağlık hizmetinden memnun oldukları belirlenmiştir. Birinci basamak sağlık hizmetindeki değişiminin sonuçlarını değerlendirmek için farklı çalışmalar yapılabilir.

Anahtar kelimeler: Birinci basamak sağlık hizmeti, Kadınlar, Memnuniyet

ABSTRACT

Objective: This study was conducted to compare women's opinions on and satisfaction with primary health care services after the transition from health care centre system to family medicine system.

Methods: The descriptive study sample included a total of 712 women (318 women from the period of health care centre, 331 women from the of family health centre) selected by randomised sampling method. Data were collected by using a questionnaire and the Primary Health Care Satisfaction Scale.

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Results: According to the assessment of the total satisfaction scores obtained in the study, the total point means of the scale in both groups were observed to be closer and no statistically significant difference was found between the groups ($p>0.05$).

Conclusions: Based on the study results, it was concluded that women were generally satisfied with primary health care services. Further studies are needed in the future to evaluate the results of the change in primary health care services.

Key words: *Primary healthcare, Women, Satisfaction*

INTRODUCTION

A major part of the Basic Health Services (BHS), which constitute the core of health services, are given by primary health care institutions. Health care services provided in these institutions include services for public health and individual, preventive, diagnostic, therapeutic and rehabilitative health care services (1).

Basic health services have not reached a desired level of success in developing countries. This is primarily due to the fact that health care services mostly focus on diseases and medical care; whereas, health care services aims to provide the society, family, individual with a desired level of health and to maintain and improve this service by an organised, planned and comprehensive scope (1,2).

Turkey experiences health care problems observed in both developed and developing countries, and began the 21st century with confusion in the organisation of health care services (1). Turkey is continuously in search of change and improvement, and the adoption of policies including especially preventive services in health care is important in terms of improving public health and providing positive contribution to the national economy (2). Therefore, improvements in the health care system have accelerated in Turkey after 1960's and the law on the "Socialization of Medicine" was enacted in January 1961 (3). With this law, primary health care services were decided to be given in he-

alth care centre, and reformative changes in the health care system were made especially in the last 15 years. The latest reform work within this scope is the "Project of Transformation in Health". One of the fundamental steps of the privatisation of health care services under this project is undoubtedly the "Primary Family Medicine Application" that aims to reorganise primary health care services (2).

In Turkey, "Family Medicine Model" was adopted with the "Law on Family Medicine Pilot Application" enacted in 2004 (3-5). Family Health Centres were founded to provide the public with primary health care services (5-7).

Satisfaction concept in offering health care services has become a significant issue in recent years. Patient satisfaction in health care services is defined as the difference between the levels of service expected and perceived by the patient (8).

Positive and negative aspects of the system are observed by measuring patient satisfaction, knowing patient's expectations and suggestions, taking feedback from patients, providing continuous improvement of quality in all steps of service, and determining the effect of socio-demographic and treatment-related variables on patient satisfaction (8). Furthermore, determining patient satisfaction also contributes to revealing the strong and weak sides of health institutions and the system as a whole (5)

Purpose of the study

This study was conducted to compare women's opinions on and satisfaction with primary health care services after the transition from health care centre system to family medicine system.

MATERIAL AND METHOD

Setting and study participants

The population of this descriptive study consists of the women who live in Şükrü Paşa Quarter. The data were collected between 2008 and 2010 from the women who were registered to Şükrü Paşa Family Health Centre in the Province of Erzurum. The study sample included a total of 712 women (381 women from the period of health care clinic, 331 women from the family health centre) selected by randomised sampling method determined by power analysis. In the power analysis, significance level was 0.05, confidence interval was 0.95, and power of representation of the population was 95%.

Measurements

Data were collected by using a questionnaire and the Primary Health Care Satisfaction Scale.

The questionnaire consisted of a total of 11 questions prepared by the researchers with the objective of determining women's socio-demographic characteristics and status of using primary health care services.

Primary Health Care Satisfaction Scale: The scale was developed by Scholle et al. (9) (2004). It was adapted to the women in the Turkish Society in 2008 by Erci and Öztürk (10), and the alpha reliability coefficient of the scale was found to be between 0.80 and 0.93. The scale consisted of 24 items and included 3 subscales (administration and Office, communication, care coordination and comprehensiveness). 5 point Likert-type scale was used and each item was scored between 1-5 points (1= "Not satisfied at all", 2= "Satisfied to some extent", 3= "Satisfied", 4= "Very satisfied", 5= "Very much satisfied"). The lowest and highest total scores were 6 and 30, respectively, in the

Administration and Office subscale; 8 and 40 in the communication subscale; and 10 and 50 in the care coordination and comprehensiveness subscale. The lowest and highest points that could be obtained from the scale as a whole were 24 and 120, respectively. Higher total scores obtained from the scale indicated higher satisfaction and alpha reliability value was 0.94.

Procedure and data collection

Data were collected by the researchers in 2 steps. In the first step, data were collected between March and June 2008 when patients were receiving primary health care services in the **Health Care Centre** system; in the second step, data were collected again between March and June 2010, a year after the system was changed into the *Family Medicine Model*. Data were collected using a questionnaire on demographic characteristics and the primary health-care satisfaction scale. The researchers visited the health-care centre two days (Monday and Friday) every week and conducted interviews with the patients. The researchers introduced the questionnaire to the participants and explained the material covered. Then, the participants read the questionnaire and marked their answers on the sheets. The questionnaire took 20 min to complete and could be understood by people with minimal reading ability. The questionnaire was given to the women in a separate quiet room of the primary health-care centre. All of the participants completed the questionnaire.

Data analysis

Data were evaluated by using a Statistical Package for the Social Sciences (SPSS) statistics program. Percentage was used in the assessment, and t-test analysis was applied in independent groups.

Ethical Considerations

Ethical rules were observed in the research and written permission was received from the relevant institution and verbal consent was received from the women who participated in the study.

Before the collection of research data, individuals were informed about the objective of the research and the confidentiality of the obtained information and identity of the participant to protect rights of individuals.

RESULT

Participant demographics

Table 1 illustrates the demographic characteristics of the participants. The average number of children of the women who received health care service from the he-

alth care clinic was 2.4 ± 1.4 , and the average number of children of the women who received service from the family health centre was 2.3 ± 1.5 . In addition, 12% of the women at the health care centre were university graduates, 93.7% were working in the home and 95.3% had health insurance. 22.4% of the women at the family health centre were university graduates, 79.8% were working in the home and 92.7% had health insurance (Table 1).

Table 1. Demographic and health-care utilization characteristics of participating women (n=712)

Demographic characteristics	Health care centre*		Family Health Centre**	
	X±SS		X±SS	
Age	33.30±10.53		33.35±11.03	
Monthly income (USD)	794.3±465.7		969.4±246.2	
Number of children	2.4±1.4		2.3±1.5	
	N	%	n	%
Education Level				
Primary school	285	74.8	199	60.1
High school	50	13.1	58	17.5
Universty degree	46	12.1	74	22.4
Occupational status				
Employed	24	6.3	67	20.2
Work in the home	357	93.7	264	79.8
Health insurance				
Yes	363	95.3	307	92.7
No	18	4.7	24	7.3

Health Care Centre* n=381

Family Health Centre** n =331

Women's evaluation of the primary health care

When women's evaluation about the primary health care services were examined, it was found that 1%, 26% and 5.5% of the women at the health care clinic evaluated the services as poor, very good and perfect, respectively; while 13.6%, 21.8% and 6% of those at the family health centre evaluated the services as poor, very good and perfect, respectively. The rate of women

who received service from the health care centre for the first time was 11.3%, while 32.8% of the women had been receiving service from the centre for more than two years. The rate of women who received service from the family health centre was 13.3% for the first time, while 37.2% of the women had been receiving service from the family health centre for more than two years.

In line with these percentages, the rates of using the health care centre and family health centre were found to be close.
53.5% of the participants received health care services mostly from the health centre, while 52.9% received health care services mostly from the family health centre.

Routine exam was the most common reason for applying to the family health centre (44.7%), while maternal and child health and family planning service were the most common reasons among those who applied to the health centre (44.9%) (Table 2).

Table 2. Women's evaluation of the primary health care services (n=712)

Evaluation of the primary health care service	Health Care centre		Family Health Centre	
	N	%	N	%
Health services status				
Poor	4	1.0	12	3.6
Some good	42	11.0	52	15.7
Good	215	56.4	175	52.9
Much good	99	26.0	72	21.8
Perfect	21	5.5	20	6.0
Length of time attending to site				
First time today	43	11.3	44	13.3
Less than 1 year	150	39.4	71	21.5
1-2 year	63	16.5	93	28.1
More than 2 year	125	32.8	123	37.2
Clinical site is usual source of care				
Yes	204	53.5	175	52.9
No	177	46.5	156	47.1
Main reason for health care visit				
Maternal-child health and family planning	171	44.9	109	32.9
New health problem	34	8.9	30	9.1
Routine exam	129	33.9	148	44.7
Prenatal and postpartum care	24	6.3	24	7.3
Other (injection, blood pressure, medical dressing)	23	6.0	20	6.0

Health Care Centre* N=381

Family Health Centre** N=331

Assessment of women on the primary health care satisfaction scale applied

When the subscale results of the primary health care satisfaction scale were examined, the total score values of the women who received service from the health

centre and family health centre were found to be similar in the "work procedure" subscale (19.6±16.8, 18.6±4.8), and the difference between the groups was not statistically significant (Table 3).

Table 3. Subscale and Total Score Means of the Primary Health Services Satisfaction Scale

	Health Care Centre* Subscales	Family Health Centre** X±SS	Test Value and Significance X±SS	
Administration and Office	19.6±16.8	18.6±4.8	t=-3.80	p>0.05
Communication	27.1±6.4	26.3±7.2	t=-3.61	p>0.05
Care coordination and comprehensiveness	33.0±7.4	31.6±7.2	t=-4.71	p>0.05
Item –Total Satisfaction	74.5±18.9	74.5±18.6	t=-4,36	p>0.05

In the “communication” subscale, the total subscale score was found to be 27.1±6.4 in the health centre and 25.3±7.2 in the family health centre, and the difference between the groups was not statistically significant.

In the “health care service” subscale, the total subscale score was found to be 33.0±7.4 in the health centre and 30.6±7.24 in the family health centre, and the difference between the groups was not statistically significant.

Regarding the total satisfaction score, total score means of the scale in both groups were found to be close, and the difference between the groups was not statistically significant (p>0.05) (Table 3).

DISCUSSION

The evaluation of the participants’ levels of satisfaction with primary health care services demonstrated that levels of satisfaction with the primary health centre and family health centre were close. Similar to our results, satisfaction rate was reported as 67.5% in the statistical research conducted by the Turkish Statistical Institute (TÜİK) in 2009 in order to determine women’s satisfaction with the services in health care institutions (11) (Table 2).

The rate of women who received service for the first time from the health care centre and family health centre was 11.3% and 13.3%, respectively. Health care centre was the most commonly preferred institution to receive health services for 53.5% of the women, while family health centre was the primary choice of 52.9% of the women.

In a study carried out by Sünter et al.(12) (2003) to determine the satisfaction with primary health care services, health care centre with a rate of 68.4% was reported to be the first institution participants applied for any health problem. In another study in which the use of health care services was investigated among patients who applied to the health centre, it was found that a majority of the adult patients preferred the health care centre for the first time (92.3%) (13). In other studies conducted in Turkey, the rate of using primary health care services among women was reported as 68.7% (14-16). In primary health care services, outpatient service and the accessibility of family health centres or health centre may be effective on participants’ preference of these institutions. Patients’ satisfaction with the services they received (good: 56.4%, 52.9%) may also be a factor in choosing primary health care services. According to the research outcomes of TÜİK, health centre/family health centres ranked second in the list of institutions to which the patients applied for health problems, and closeness and easy accessibility as well as satisfaction with the provided services were reported as the chief reasons for preferring primary health care services (11).

Physical examination was the most common reason for applying to family health centres (44.7%), while maternal and infant health and family planning were the most common reasons among those who applied to health centre (44.9%).

This difference may have stemmed from the fact that the number of family physicians has increased in the cities where family medicine system is adopted and outpatient diagnosis and treatment procedures are given priority in these centres. In addition, transition to performance-based payment system may also have been effective in the importance given to physical examination services in Turkey (17) (Table 2).

The assessment of the "administration and office" subscale of the primary health care satisfaction scale applied to women has not revealed a statistically significant difference between the groups. The absence of a significant difference in the work procedure satisfaction subscale have stemmed from the fact that the same personnel working at family health centres and health clinics continued to give primary health care services when health care centre system was replaced by family practice model. It is also reported in the study conducted by Öztekin Z et al. (18), besides the practicing physician is the degree of family physician after short-term course. The similarity of the scope and content of primary health care service given in both family medicine centres and health care centre may have been effective on the results that revealed similar satisfaction rates.

When women's total scores obtained from the primary health care satisfaction scale were examined, the total score of the "communication" subscale was found to be 27.1 ± 6.4 in the health care centre and 25.3 ± 7.2 in the family health centre, and the difference between the groups was not statistically significant.

No matter which system is used in giving health care centre services, effective and qualified communication skills of health care providers will increase patient satisfaction. Previously conducted studies have demonstrated that patient satisfaction increases in parallel with the increase in informative and concerned attitudes of service providers (12).

When the total satisfaction scores of the research were evaluated, total score means of the scale in both groups were found to be similar and the difference was not statistically significant ($p > 0.05$). According to the results of the research carried out by Hıfzıssıhha, level of satisfaction with primary health care services was 82.8% in cities where family medicine was performed, and 80.1% in cities where family medicine was absent (19), and no significant difference was found between satisfaction rates, conforming with the results of the present study. Furthermore, the majority of the physicians and midwives/nurses providing primary health care service before and after the adoption of family practice system worked in primary health care institutions, and this fact may have been effective on the similar results obtained in satisfaction rates (17). When patient satisfaction was evaluated in the research, attention is drawn to the fact that the items with the highest and lowest satisfaction rates did not show any difference in terms of the presence and absence of the family medicine system in the cities (18). In the research report, satisfaction was not associated with family medicine application, and similar problems were observed in different cities with and without family medicine system. The problems detected in the cities, where either family practice or health clinic systems is applied, include the difficulty of accessing the physician by phone, accessing the polyclinic by phone and getting an appointment at a convenient time, and the time spent in the waiting room (18).

Limitation

The results must be interpreted cautiously due to the study limitations. The sample was selected by convenience sampling; most of the women had low education levels (74.8%, 60.1% were primary school graduates) and were work the home (93.7%, 79.8%). The sample reflects only one area in Turkey and therefore cannot be generalised to all women in Turkey.

CONCLUSION

Based on the study results, it was concluded that women were generally satisfied with primary health care services. No significant difference was found in satisfaction rates in terms of the comparison between the health care centre and family health centre. Further studies are needed in the future to evaluate the results of the change in providing primary health care services.

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